

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20073**

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE Missouri b. COUNTY Johnson					
b. CITY (If outside corporate limits, write RURAL and give town) Holden		c. LENGTH OF STAY 16 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Holden		d. STREET ADDRESS (If rural, give location) North Holden, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION North Holden, Mo.									
3. NAME OF DECEASED (Type or Print)		a. (First) Baxter		b. (Middle) Macanter		c. (Last) Squires			
4. DATE OF DEATH		(Month) 6		(Day) 21		(Year) 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 20, 1867			
9. AGE (In years last birthday) 82-1-1		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture			11. BIRTHPLACE (State or foreign country) Carroll County, Mo.			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME W.O.Squires		13b. MOTHER'S MAIDEN NAME Frances E		14. NAME OF HUSBAND OR WIFE Widowed.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.R.Squires, Columbia, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus				ANTECEDENT CAUSES				10 days	
DUE TO (b) Auricular fibrillation				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				6 mo	
DUE TO (c) Hypertension				II. OTHER SIGNIFICANT CONDITIONS				yes	
Conditions contributing to the death but not related to the disease or condition causing death. Senility								332K	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		Holden Johnson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from May , 1948, to June 21 , 1949 that I last saw the deceased alive on June 21 , 1949, and that death occurred at 2:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Paul Cowell MD				23b. ADDRESS Holden Mo				23c. DATE SIGNED 6/23/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-23-49		24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery		24d. LOCATION (City, town, or county) (State) Holden, Mo.			
DATE REC'D BY LOCAL REG. June 23, 1949		REGISTRAR'S SIGNATURE Mrs. V. Redford			25. FUNERAL DIRECTOR'S SIGNATURE E.B. CAST HOLDEN MISSOURI				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Reid Johnson C. H. D.
JUN 27 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4059

P. O. Address Holden Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.